



Phone: 1-866-239-2778
TTY: 1-800-360-5899
Paperwork Fax: 1-866-547-2481
Paperwork E-mail: cs-njjacc@pplfirst.com

PEP Information Packet

JACC Program

Website: www.pplfirst.com

Dear Participant Directed Employee (PEP):

This Information packet contains instructional documents to help you fill out your *Enrollment Packet* which will help you be a successful PEP for the participant that has hired you.

INFORMATION for PEP:

- Public Partnerships Customer Service Quick Facts
- Payroll Schedule
- BetterOnline™ Web Portal Registration
- E-Timesheet Instructions
- Paper Timesheet Instructions
- ADP® ALINE Frequently Asked Questions
- ADP® ALINE Fee Schedule

INSTRUCTIONS to help fill out your Enrollment Packet:

- Instructions for the Information and Attestation Form
- Instructions for USCIS Form I-9
- Instructions for IRS Form W-4
- Instructions for Form NJ-W4
- Paper Timesheet

If you have questions, please work with your Participant/Employer. If you need additional help, call customer service at 1-866-239-2778 or e-mail us at cs-njjacc@pplfirst.com.

PEP Information

The Participant/Employer and PEP should read these, and the PEP should keep them for their reference.

[Public Partnerships Customer Service Quick Facts](#)

[Payroll Schedule](#)

[BetterOnline™ Web Portal Registration](#)

[E-Timesheet Instructions](#)

[Paper Timesheet Instructions](#)

[ADP® ALINE Frequently Asked Questions](#)

[ADP® ALINE Fee Schedule](#)



Public Partnerships Customer Service Quick Facts

Our Customer Service Center can help with questions about enrollment, timesheets, and many other topics concerning the Jersey Assistance for Community Caregiving (JACC) Program

How to Contact Us

Telephone: 1-866-239-2778

E-mail: cs-njjacc@pplfirst.com

TTY: 1-800-360-5899

Timesheet Fax: 1-866-493-9968

Paperwork Fax: 1-866-547-2481

Paperwork E-mail: njpplfax@pplfirst.com

Mailing Address:
Public Partnerships
JACC Program
8000 Avalon Blvd,
Suite 300
Alpharetta, GA 300095

Hours of Operation

Monday – Friday: 8:00 AM to 6:00 PM

Busy, or on the go?

E-mail us at cs-njjacc@pplfirst.com. Our customer service team will quickly respond to your e-mail and you may read our reply when it's convenient for you.

Need More Information on the Program?

Visit our website at www.pplfirst.com. You can get more information by selecting "PROGRAMS" tab and selecting New Jersey from the map of the United States.

Have you visited the BetterOnline™ web portal?

Visit the Better Online™ web portal at <https://fms.pplfirst.com>. You'll find many great and easy-to-use resources available to you, such as:

- Creating, reviewing, and submitting e-Timesheets;
- Checking the status of your past and present timesheets;
- Getting a real-time report on the balance of your Plan of Care (*Participants/Employers only*); and
- Viewing and Printing pay stubs.

Please call us at 1-866-239-2778 or e-mail us at cs-njjacc@pplfirst.com if you have any questions.

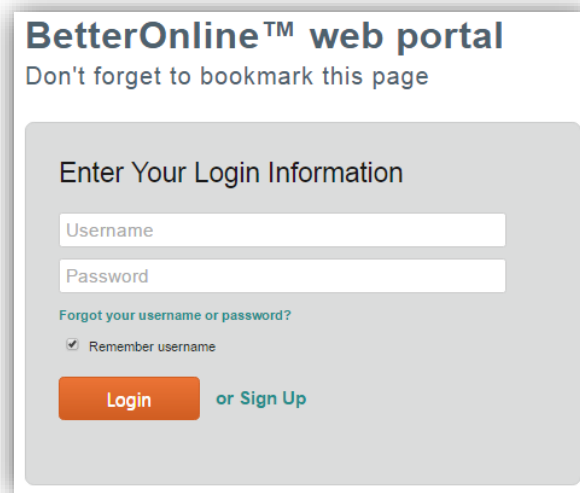
BetterOnline™ Web Portal Registration

How do I register online? This document will outline how to set up your Username and Password so that you may begin using the BetterOnline™ web portal to create timesheets and track payments. The process for online registration is the same for both Participants and PEPs.

1. The first thing you should do is type in the web address provided below into your browser: (we recommend saving this as a **favorite**, so that you don't have to keep typing it in).

<https://fms.pplfirst.com>

2. A log in screen will appear. You will use this screen to log into the BetterOnline™ web portal after you have registered.

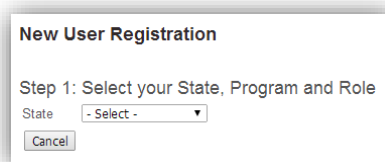


The screenshot shows the 'BetterOnline™ web portal' login page. At the top, it says 'Don't forget to bookmark this page'. Below that is a grey box titled 'Enter Your Login Information'. Inside this box, there are two input fields: 'Username' and 'Password'. Below the password field is a link that says 'Forgot your username or password?'. There is a checked checkbox labeled 'Remember username'. At the bottom of the box, there is an orange 'Login' button and a blue 'or Sign Up' link.

3. Click on the **Sign Up** hyperlink to the right of the Login button.

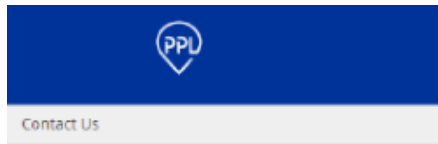


4. This will bring you to the **New User Registration** screen. It will ask you to choose your state.



The screenshot shows the 'New User Registration' screen. It has the title 'New User Registration' and the subtitle 'Step 1: Select your State, Program and Role'. Below the subtitle, there is a 'State' dropdown menu with '- Select -' in it. At the bottom left, there is a 'Cancel' button.

5. Select **New Jersey** from the drop-down list and select **NJ DoAS JACC** for the Program and select the appropriate Role.



New User Registration

Step 1: Select your State, Program and Role

State

Program

Role

6. After you have selected your Role, click the **NEXT** button to continue to registration.
7. You will be brought to the **Step 2: Enter Credentials** screen. You are now required to verify who you are by completing the following three fields:

- **Provider ID:** This is your PEP ID. The ID that Public Partnerships has provided you.
- **Social Security Number:** Provide your SSN.
- **Last Name:** This is the Employer's or Employee's last name.

8. Enter your information into the blanks and then click on **NEXT**.
 - *If the system is unable to verify your information,* then the Employer's or PEP's information may have been entered inaccurately at the time of enrollment. In order to resolve this, call the Customer Service Center and provide the Employer/PEP ID so that we may verify the demographic information on file.
9. You will now be brought to the **Step 3: User Information** page. This is the page in which you will actually register yourself as a user in the system.

A registration form titled 'Step3: User Information'. It contains fields for First Name, User Name, Password, Last Name, Email Address (with a 'Optional' label), and Confirm Password. There is also a 'Notes' field. Below these are three 'Security Questions' dropdown menus. At the bottom are 'Previous' and 'Submit' buttons.

10. You will be asked to enter the following information:

- **Username:** Public Partnerships suggests that you use the first letter of your first name and your last name.

Example: Megan Maynard = MMaynard

NOTE: If the username you select is already in use, you will need to choose a different username.

- **Password:** Your password must be at least **6** characters long and contain *at least 1 numerical character, 1 capitalized character, and 1 lower case character*. Please be aware that your password will be case sensitive.
- **Confirm Password:** Here, you need to retype the password you just created.
- **E-mail Address:** Your e-mail address is an optional field. Public Partnerships will use this e-mail address to send information pertaining to your timesheets. **PLEASE NOTE:** If you provide an e-mail address, you will receive an e-mail confirmation of your username and password.
- **Security Questions:** You should choose three questions from the down menus. Put the answers to these questions in the data fields next to the corresponding questions.
 - If you ever need to change your username or password, these questions provide a layer of security to protect your privacy.

11. If you are happy with all of your information hit the **SUBMIT** button.

E-Timesheet Instructions

Instructions for PEPs

E-timesheets allow you to fill-out and submit your timesheets online, view the status of timesheets, and search for timesheets previously entered into the system. All of this can be done at your convenience and without having to call Public Partnerships to confirm that your timesheet was received.

Remember: Before you start using e-timesheets, you must first be a registered user. Please follow the *BetterOnline Web Portal Registration* instructions included in your enrollment packet to become a registered user. You may also download instructions from our website.

How to Create and Submit an E-Timesheet

1. Log into the Public Partnerships BetterOnline™ web portal using your username and password:

<https://fms.pplfirst.com>

2. You will default onto the **Timesheet List** page. You will see the **Create Timesheet** and **Search Timesheet** options directly beneath the dark green banner.



3. Click on the **Create Timesheet** hyperlink. You will be directed to the **Member Search** page. From here you will see a list of all the members you work for.

Create Timesheet

Participant Last Name	TEST02, QA02
Participant First Name	
Participant ID	
External ID	
EIN Number	
EOR First & Last Name	
<input type="button" value="Search"/>	

Participant	Participant ID	External ID	City	Birth Date	Good To Serve*	Employer of Record Name	EIN Number	Phone	Email	Participant Profile	Create Timesheet	Support Tickets	Documents
TEST02, QA02	CD18054	999999997	NEW BRUNSWICK	03/09/1998	No			732-369-6437		Participant Profile	Create Timesheet	Support Tickets	Documents


4. Click on **Create Timesheet**, next to the member you would like to submit time for.

- You will be prompted to enter a **Time Period**. The easiest way to do this is to click on the calendar icon next to the empty box and choose the date from the calendar that corresponds to the first date worked that you would like to submit.

Submit Timesheet

TEST EMPLOYEE
Employee ID: E001565

Timesheet for TEST MEMBER
Member ID: C001170
Member Phone No: 6143610812

Time Period: Begin: Sunday, End: Saturday. Please click on the calendar to select the first date for which you wish to submit time. The system will automatically show the entire pay period that corresponds to that date. 8/1/2014 

◀ August, 2014 ▶


Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Today: August 27, 2014

- After selecting your pay period, you will be taken to the **Submit Timesheet** screen. From here, you will enter the time you worked during the selected pay period.

Submit Timesheet

Timesheet for QA02 Test02
Participant ID: 999999997
Participant Phone No: 732-369-6437
Service:

Time Period: Begin: Sunday 07/16/2017. Click on the calendar to select different dates. 7/19/2017 

Date	Hours
07/16/2017 Sunday	Service: <input type="text" value=""/> Activity: <input type="text" value=""/> Time In: <input type="text" value=""/> <input type="text" value=""/> Time Out: <input type="text" value=""/> <input type="text" value=""/> <input type="button" value="There are more hours"/> <input type="button" value="Copy"/> <input type="button" value="Paste"/>
07/17/2017 Monday	Service: <input type="text" value=""/> Activity: <input type="text" value=""/> Time In: <input type="text" value=""/> <input type="text" value=""/> Time Out: <input type="text" value=""/> <input type="text" value=""/> <input type="button" value="There are more hours"/> <input type="button" value="Copy"/> <input type="button" value="Paste"/>
07/18/2017 Tuesday	Service: <input type="text" value=""/> Activity: <input type="text" value=""/> Time In: <input type="text" value=""/> <input type="text" value=""/> Time Out: <input type="text" value=""/> <input type="text" value=""/> <input type="button" value="There are more hours"/> <input type="button" value="Copy"/> <input type="button" value="Paste"/>

- Choose a day of the week that you worked, and enter a service for that day by clicking on the **Service** drop down menu. You must pick a service for each day you worked; if you forget, the system will notify you when you try to submit your timesheet.
- Next, enter the **Hours** and **Minutes** you worked on that date.
 - To select the time of day you started, click on the **Time In** dropdown.
 - To select the time of day you ended click on the **Time Out** dropdown.

Submit Timesheet

Timesheet for QA02 Test02
 Participant ID: 999999997
 Participant Phone No: 732-369-6437
 Service:

Time Period: Begin: Sunday 07/16/2017. Click on the calendar to select different dates.

Date	Hours
07/16/2017 Sunday	Service: <input type="text" value="PEP-HBSC - Home Based Supp. Care CEP"/> Activity: <input type="button" value="Activity"/> Time In: <input type="text" value="2 PM"/> <input type="text" value="00"/> Time Out: <input type="text" value="4 PM"/> <input type="text" value="00"/> <input type="button" value="There are more hours"/> <input type="button" value="Copy"/> <input type="button" value="Paste"/>

- If you worked multiple shifts in one day, select the **There are more hours** button and a new line will appear on that date worked.

Time Period: Begin: Sunday 07/16/2017. Click on the calendar to select different dates.

Date	Hours
07/16/2017 Sunday	Service: <input type="text" value="PEP-HBSC - Home Based Supp. Care CEP"/> Activity: <input type="button" value="Activity"/> Time In: <input type="text" value="2 PM"/> <input type="text" value="00"/> Time Out: <input type="text" value="4 PM"/> <input type="text" value="00"/> <input type="button" value="Remove Time"/> <input type="button" value="Copy"/> <input type="button" value="Paste"/>
	Service: <input type="text" value="PEP-HBSC - Home Based Supp. Care CEP"/> Activity: <input type="button" value="Activity"/> Time In: <input type="text" value="5 PM"/> <input type="text" value="00"/> Time Out: <input type="text" value="7 PM"/> <input type="text" value="00"/> <input type="button" value="There are more hours"/> <input type="button" value="Copy"/> <input type="button" value="Paste"/>

- When you have finished entering all of the days you worked in the pay period, scroll to the bottom of the page and click on the **Next** button.
- You will be directed to the **Confirm Timesheet** page. On this page, you should review the timesheet you entered for completeness and accuracy.

Confirm Timesheet

Timesheet for QA02 Test02
 Participant ID: 999999997
 Participant Phone No: 732-369-6437

Date	Total Daily Hours	Service	Service Code	Time In	Time Out	Hours Worked	Activities
07/16/2017 Sunday	4 hours	Home Based Supp. Care CEP Home Based Supp. Care CEP	PEP-HBSC PEP-HBSC	2:00 PM 5:00 PM	4:00 PM 7:00 PM	2 hours 2 hours	
07/17/2017 Monday							

- If the timesheet has an error, you may scroll to the bottom of the page and click on the **Edit** button to make the necessary changes.
- After verifying that the timesheet is accurate, click on the **Submit** button located near the bottom of the page.
- After you click on the **Submit** button, you will be directed to a confirmation page letting you know that your timesheet has been submitted for approval.

Your timesheet has been updated and has been submitted to the member for approval.

TEST EMPLOYEE Employee ID: E001565	Timesheet for TEST MEMBER Member ID: C001170 Member Phone No: 6143610812	Timesheet ID : OK0000049244 Status: SUBMITTED
----------------------------------------------	---------------------------------------------------------------------------------------	---------------------------------------------------------

Date	Total Daily Hours	Service	Service Code	Time In	Time Out	Hours Worked	Activities
08/01/2014 Friday							
08/02/2014 Saturday							
08/03/2014 Sunday							
08/04/2014 Monday	1 1/2 hours	Adv. Personal Assistance	SS125 TF	3:00 PM	4:35 PM	1 1/2 hours	

15. If there is a problem with your timesheet that would cause it to not be paid, then the BetterOnline™ web portal will not allow the timesheet to be submitted for approval until the problem is fixed. You may contact our customer service center if you have a question about a specific pend message.

Examples:

- Overlapping time.
- Missing member or employee enrollment paperwork.
- Missing employee rate.

16. Once you have successfully submitted your timesheet for approval, **it will be up to your employer to approve the timesheet.** You may monitor the approval status by searching your timesheets and reviewing the **Status**.

- When approved, the status will update from **Submitted** to **Approved**.
- Do not assume that if you submitted your timesheet it will be paid. Monitor the status of your timesheet and/or remind your Veteran/Employer to approve your timesheets in a timely manner.
- Once in an **Approved** status, it will be sent to Public Partnerships for payment in the next scheduled pay cycle.

Paper Timesheet Instructions

Public Partnerships accepts paper timesheets by fax or mail. Timesheets are read by a machine (like the ones that read standardized tests), so it is important that you fill out these timesheets clearly and completely.

PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (New Jersey Division of Aging JACC Program)

Employee's Name: **A** _____ Employee ID: **B** _____

Participant's Name: **C** _____ Participant's ID Number: **D** _____

FAX: PPL @ 866-493-9968 MAIL: PUBLIC PARTNERSHIPS, One Cabot Road, STE 102 Medford, MA 02155

Service Type (fill one)
 Chore Services
 Home Based Supportive Care (PCA)

F Week 1 Begin: Sunday (mm/dd/yyyy) _____ / _____ / _____

G Week 2 End: Saturday (mm/dd/yyyy) _____ / _____ / _____

	Time IN		Time OUT		Total Hours	
	AM	PM	AM	PM		
Sun						
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						

By signing below, I certify that I have provided the services to the participant during the times described on this time sheet. Date: **J** _____ / _____ / _____

Employee Signature: **K** _____

I certify that the participant has received hours of service as reported above. Date: **L** _____ / _____ / _____

Participant or Responsible Party Signature: **M** _____

12766

USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL IN CIRCLES COMPLETELY, DO NOT MARK OUTSIDE THE LINES.

Required Fields

All of these fields **MUST** be completed for the timesheet to be paid. This list corresponds to the timesheet image found on the previous page.

- A. **Employee Name:** This is the name of the employee who is providing services.
- B. **Employee ID:** This is employee's PPL ID.

- C. **Participant Name:** This is the name of the participant receiving services. Please print the participant's name clearly on the line.
- D. **Participant ID:** This is participant's PPL ID.
- E. **Service Type:** Fill in the circle for the service being provided.
- F. **Week 1 Begin Date:** This is the first day of the pay period. Your pay schedule will list these dates for you. Please enter the first day of the pay period on this line (*even if you don't start work on this date*).
- G. **Week 2 End Date:** This is the last day of the pay period. Your pay schedule will list these dates for you. Please enter the last day of the pay period on this line (*even if your last date worked for the pay period is before this date*).
- H. **Time IN:** Enter the time the employee started working. *Please remember that you **MUST** fill in the corresponding circle for AM or PM.*
- I. **Time OUT:** Enter the time the employee finished working. *Please remember that you **MUST** fill in the corresponding circle for AM or PM.*
- J. **Date of Employee's Signature:** This should be the date that the employee reviewed and signed the timesheet. This date must not be before the last date worked on the timesheet.
- K. **Employee Signature:** Signature of the employee who provided service on the dates worked.
- L. **Date of Participant's/Employer's Signature:** This should be the date that the Participant/Employer reviewed and signed the timesheet. This date must not be before the last date worked on the timesheet.
- M. **Signature of Participant/Employer:** Signature of the Participant/Employer who reviewed and approved the timesheet.

Special Situations

1. **Working overnight:** When you work overnight (past midnight), you must complete one line for work you did before midnight and another line for work you did after midnight.

For example, say you worked overnight Friday from 9:00 PM to 6:00 AM. Enter the Time IN as 9:00 PM. Enter the Time OUT for Friday as 11:59PM. Now, you did not finish working at 11:59 PM, you just finished working on Friday at that time. Enter the rest of your time from 12:00 AM to 6:00 AM in the Saturday line.

Fri	0	9	:	0	0	AM	PM	1	1	:	5	9	AM	PM
						<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>
Sat	1	2	:	0	0	AM	PM	0	6	:	0	0	AM	PM
						<input checked="" type="radio"/>	<input type="radio"/>						<input checked="" type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>

2. **Many employees work with a participant multiple times in a day.** You can enter two different in and out times on one timesheet, but you must enter each on a separate line. If you need to enter more than two in and out times for the same day, you will need to move onto a second timesheet for the same pay period.

For example, say you started working for Megan at 9:00 AM. You helped her until 10:05 AM. You left to run an errand, came back at 11:15 AM, and stayed until 12:30 PM. You would enter one line for each time you were providing services as shown below.

Fri	09	:	00	AM	PM	10	:	05	AM	PM
	11	:	15	AM	PM	12	:	30	AM	PM

Other Rules:

- Fill in the timesheet clearly. The participant/employer will need to be able to read the timesheet clearly or your payment may be delayed.
- Fill in all the required fields. You will not be paid unless all the fields are filled in.
- Use dark ink.
- Use separate timesheets for different participants.
- Do not round time. Write the exact time.
- If you make a mistake, use a new timesheet; do not use whiteout.

Obtaining Timesheets

The standard method to submit a timesheet to Public Partnerships is electronically, using e-Timesheets on the BetterOnline™ web portal or through your smartphone using the Time4Care™ smartphone application.

Submitting time worked through e-Timesheets or Time4Care™ allows the user to fill-out and submit timesheets online, view the status of payments, and search for timesheets previously entered and paid in the system. All of this can be done at the user’s convenience and without having to call Public Partnerships’ customer service to confirm that a timesheet was received.

If you are unable to complete timesheets electronically and will utilize paper timesheets, please contact our Customer Service Center. We will mail your participant/employer pre-populated timesheets.

Where to Send Timesheets

Fax to: 1-866-493-9968

Mail to: Public Partnerships, LLC
 JACC Program
 8000 Avalon Blvd,
 Suite 300
 Alpharetta, GA 30009

Questions? We’re here to help. Call our Customer Service Center at 1-866-239-2778.

ALINE Frequently Asked Questions

You Earned It. Now Understand the Benefits that Come From Receiving Your Pay on the ALINE by ADP® Debit Card.

Can I use my debit card at any retail location?

You may use your card at most retail stores that accept Visa branded prepaid cards.

Can I get cash back when making retail purchases?

Yes, at participating locations using a PIN number.

Can I use ATM's to get cash from my Aline debit card?

Yes, in network ATM's are surcharge free (\$0). Out of network ATM's charge a fee of \$1.75.

Can I go to a bank and withdraw money from my Aline debit card?

Yes, you have unlimited Visa member bank over-the-counter bank teller withdrawals.

Do I need a bank account to get an Aline debit card?

No, no account needed. You get your pay direct deposited to your card on payday.

What kind of customer service does ADP provide?

Online at mycard.adp.com, the ADP® Mobile Solutions App, Customer Service at 1-877-237-4321 as well as text and email alerts for account balance and transactions (standard text messaging fees from your carrier may apply).

Are my funds secure like they are with a bank account?

Yes, your funds are FDIC insured (subject to established limits) and your purchases are protected by VISA's Zero Liability from unauthorized purchases.

I have two employers. Can I direct deposit my pay from my other employer to this card?

Yes, you can receive your pay on the card no matter where you work. You can also deposit tax refunds, child support or government benefits directly to your card.

How do I get a PIN number?

When you receive your Aline® card and call to activate it, you will have the opportunity to enter a new PIN number.



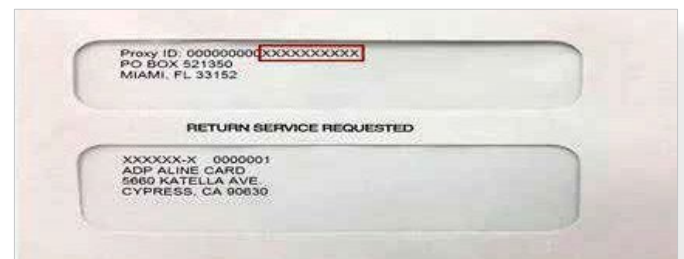
**No Monthly Maintenance Fee.
No Bank Account Needed.
Customer Support 24/7**

What if I lose my debit card?

You call customer service at 1-877-ADP-4321 and ask for a free replacement. There is no fee unless you want your card through overnight mail.

How will I receive my card in the mail?

Your card will arrive in a white envelope with a window where you will see Aline Card by ADP® printed.



For more information, contact
ADP Customer Service at 1-877-ADP-4321

FEE SCHEDULE

DESCRIPTION	FEE
One (1) ATM withdrawal per pay period at any Allpoint, MoneyPass, PNC Bank or MB Financial Bank ATM (In-Network ATM). Accept surcharge if appears. Fee will be waived or credited.	\$0
Each additional In-Network ATM withdrawal per pay period	\$3.00
Out-of-network ATM withdrawals [Other third parties, such as ATM owner, may charge additional fees.]	\$3.00
Visa member bank cash withdrawal	\$0
Purchase transactions and cash back with purchase	\$0
Email and text message alerts (standard text messaging fees may apply from your carrier)	\$0
Green Dot Reload @ the Register™ [Fees may apply to reload using Green Dot Reload @ the Register™.]	\$0
Online bill pay service	\$0
Online bill pay stop payment	\$25.00
Online bill pay expedited payment	\$9.95
Monthly maintenance	\$0
Online card management	\$0
Automated 24hr phone & live customer service	\$0
Balance inquiry and withdrawal decline at any ATM	\$0
International Purchase & International ATM Transaction Currency Conversion Fee (percent based on total transaction amount)	3%
One (1) free lost/stolen card replacement each calendar year - regular mail fee - expedited mail fee Each additional lost/stolen card replacement - card and regular mail fee - card and expedited mail fee	\$0 \$24 \$6 \$30
Monthly paper statement	\$1.50
Each secondary card - card and regular mail fee - card and expedited mail fee	\$2.00 \$26.00
Custom card - card creation and regular mail fee - card creation and expedited mail fee	\$4.95 \$28.95

LISTA DE TARIFAS

DESCRIPCIÓN	TARIFA
Un (1) retiro en ATM por periodo de pago en cualquier ATM Allpoint, MoneyPass, PNC Bank o MB Financial Bank (ATM de la Red). Acepte el recargo si aparece en la pantalla. El cargo será eliminado o acreditado.	\$0
Cada retiro adicional en ATM de la Red por periodo de pago	\$3.00
Retiros en ATM fuera de la red. [Otros terceros, tales como el propietario del ATM, pueden aplicar cargos adicionales].	\$3.00
Retiro de efectivo en un banco de membresía Visa	\$0
Transacciones de compra y devolución de dinero en efectivo con la compra	\$0
Alertas por correo electrónico y mensajes de texto (se podrían aplicar cargos estándar por su compañía telefónica de mensajería de texto)	\$0
Green Dot® Reload @ el register™ [Se aplican cuotas de recarga al utilizar Green Dot® Reload @ el register™]	\$0
Servicio de pago de facturas en línea	\$0
Suspensión de pago de facturas en línea	\$25.00
Pago acelerado de facturas en línea	\$9.95
Mantenimiento mensual	\$0
Administración de la tarjeta en línea	\$0
Servicio al cliente automatizado por teléfono o en vivo 24 horas al día	\$0
Consulta de saldo y rechazo de un retiro en cualquier ATM	\$0
Cargo por conversión de divisa en transacción de compra internacional y uso de ATM internacional (porcentaje basado en el monto total de la transacción)	3%
Un (1) reemplazo gratuito de tarjeta extraviada/robada cada año calendario - cargo por correo regular - cargo por correo apresurado Cada reemplazo adicional de tarjeta extraviada/robada - cargo por la tarjeta y correo regular - cargo por la tarjeta y correo apresurado	\$0 \$24 \$6 \$30
Estado de cuenta mensual impreso	\$1.50
Cada tarjeta secundaria - cargo por la tarjeta y correo regular - cargo por la tarjeta y correo apresurado	\$2.00 \$26.00
Tarjeta personalizada - cargo por creación de la tarjeta y correo regular - cargo por creación de la tarjeta y correo apresurado	\$4.95 \$28.95

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PEP Instructions

Please read through these Instructions while completing the *Enrollment Packet*.

Instructions for the Information and Attestation Form

Instructions for USCIS Form I-9

Instructions for IRS Form W-4

Instructions for Form NJ-W4

Paper Timesheet

Instructions for Information and Attestation Form

What is the purpose of this form?

Public Partnerships uses this form to enroll you as a PEP in the JACC Program.

How do I complete this form?

Pages One (1) and Two (2):

- Fill in each field and answer each question completely and accurately; this information is used to setup your profile in our system.

Page Three (3):

- Select your preferred payment method, indicate if you cannot view paystubs online, and if you cannot submit timesheets electronically.

Page Four (4):

- Check off the YES/NO boxes to indicate your relationship to the Employer. We use this to properly withhold your taxes.

Pages Five (5), Six (6) and Seven (7):

- Read through the program rules and requirements.

	PEP Information and Attestation Form	
<p>To complete your enrollment and process your service payments, Public Partnerships must collect all the information below. Please complete, sign and date page eight (8) of this PEP Information and Attestation Form in its entirety and submit it to Public Partnerships by fax (1-866-547-2481) or by email (njppifax@pplfirst.com)</p>		
PARTICIPANT INFORMATION		
Participant First Name:	Participant Last Name:	
Participant ID #:		
PARTICIPANT-EMPLOYED PROVIDER INFORMATION		
Participant-Employed Provider First Name:	Middle Initial:	Participant-Employed Provider Last Name:
Participant-Employed Provider ID #:		
Participant-Employed Provider Maiden/Alias Name(s):		
Date of Birth:	Social Security Number:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
PHYSICAL ADDRESS		
Physical Address (no P.O. Box):		
Physical Address 2 (apt, bldg., unit, ste., etc.):		
City:	State:	Zip Code:
County:		
MAILING ADDRESS (if different from Physical Address)		
Mailing Address:		
Mailing Address 2 (apt, bldg., unit, ste., etc.):		
City:	State:	Zip:
NJ JACC Participant-Employed Provider Information and Attestation Form Page 1 of 8		



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
----------------------------------------------------------	----------------------------------------------------------	-------------------------------------------------

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
--------------------------------------------------	--------------------------------------------------	-----------------------------------------

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	------------------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
-----------------------------------------------	----------------------------------------------------	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
----------------------------------------------------------	-----------------------------------------------------------------------------------------

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	------------------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
-----------------------------------------------	----------------------------------------------------	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
----------------------------------------------------------	-----------------------------------------------------------------------------------------

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	------------------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
-----------------------------------------------	----------------------------------------------------	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
----------------------------------------------------------	-----------------------------------------------------------------------------------------

Instructions for IRS Form W-4

What is the purpose of this form?

This form tells the IRS about the withholding allowances for which the PEP is eligible.

How do I complete this form?

- The PEP fills in their Name, Social Security Number, Address, City, State, and ZIP Code.
- The PEP makes a selection in box #3 (Single, Married, or Married, but withhold at a higher Single rate).
- The PEP totals their number of allowances in box #5.
- The PEP indicates if any additional amount will be withheld in box #6.
- If the PEP is claiming tax exemption status, they will write EXEMPT in box #7.
- The PEP signs and dates the bottom of the form.
- The Participant/Employer does not need to sign this form.
- If you do not return a W-4 to Public Partnerships, we will be required to withhold Federal income taxes at the highest rate (Single with Zero allowances).

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0024
Department of the Treasury Internal Revenue Service		Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.		2024
Step 1: Enter Personal Information	(A) First name and middle initial Last name Address City or town, state, and ZIP code	(B) Social security number		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
(a) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)				
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.				
Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following: (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate. <input type="checkbox"/>			
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)				
Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____		Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here 3 \$ _____	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____		(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . 4(c) \$ _____			
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.			
	Employee's signature (This form is not valid unless you sign it.)		Date	
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	

Instructions for Form NJ-W4

What is the purpose of this form?

This form tells the state of New Jersey about the withholding allowances for which the PEP is eligible.

How do I complete this form?

- The PEP fills in their Name, Social Security Number, Address, City, State, and ZIP Code.
- The PEP makes a selection in box #2 (Single, Married, Head of Household, etc.).
- The PEP totals their number of allowances in box #4.
- The PEP indicates if any additional amount will be withheld in box #5.
- If the PEP is claiming tax exemption status, they will write EXEMPT in box #6.
- The PEP signs and dates the bottom of the form.
- The Participant/Employer does not need to sign this form.
- If you do not return a Form NJ-W4 to Public Partnerships, we will default your filing status to Single filing status with Zero allowances.

Form NJ-W4
(1-10, R.13)

State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate

1. SSN Name _____ Address _____ City _____ State _____ Zip _____		2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here		3. _____	
4. Total number of allowances you are claiming (see instructions)		4. _____	
5. Additional amount you want deducted from each pay		5. \$ _____	
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here			
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.			
Employee's Signature _____		Date _____	
Employer's Name and Address _____		Employer Identification Number _____	

BASIC INSTRUCTIONS

Line 1 Enter your name, address and social security number in the spaces provided.
 Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.
 Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below.
 If you do not complete Line 3, you will be withheld at Rate B.
 Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
 Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
 Line 5 Enter the amount of additional withholdings you want deducted from each pay.
 Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
 • Your filing status is SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
 • Your filing status is MARRIED/CIVIL UNION COUPLE JOINT, and your wages combined with your spouse's/civil union partner's wages plus your taxable nonwage income will be \$20,000 or less for the current year.
 • Your filing status is HEAD OF HOUSEHOLD or QUALIFYING WIDOWER/SURVIVING CIVIL UNION PARTNER and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.
 Your exemption is good for ONE year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart
 This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1041 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. Single individuals or married/civil union partners filing separate returns do not need to use this chart. If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount.)

		WAGE CHART									
		Total of All Other Payers	0	10,001	20,001	30,001	40,001	50,001	60,001	70,001	80,001
Y O U R W A G E S	0	B	B	B	B	B	B	B	B	B	B
	10,001	B	B	B	B	C	C	C	C	C	C
	20,001	B	B	B	A	A	D	D	D	D	D
	30,001	B	B	A	A	A	A	E	E	E	E
	40,001	B	C	A	A	A	A	E	E	E	E
	50,001	B	C	D	A	A	A	E	E	E	E
	60,001	B	C	D	A	A	E	E	E	E	E
	70,001	B	C	D	E	E	E	E	E	E	E
	80,001	B	C	D	E	E	E	E	E	E	E
	90,001	B	C	D	E	E	E	E	E	E	E
over 90,000	B	C	D	E	E	E	E	E	E	E	

THIS FORM MAY BE REPRODUCED

Who needs to sign?

The PEP signs and dates the bottom of this form. The Participant/Employer does **NOT** need to sign this form.

PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (New Jersey Division of Aging JACC Program)

Employee's Name: _____

Employee ID:

--	--	--	--	--	--	--	--

Participant's Name: _____

Participant's ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Service Type (fill one)

Chore Services

Home Based Supportive Care (PCA)

12766



FAX: PPL @ 866-493-9968 MAIL: PUBLIC PARTNERSHIPS, 8000 Avalon Blvd Suite 300 Alpharetta GA 30009

Week 1 Begin: Sunday (mm/dd/yyyy) / /

--	--	--	--

	Time		IN	AM/PM	Time		OUT	AM/PM	Total Hours		
Sun											
Mon											
Tue											
Wed											
Thu											
Fri											
Sat											

Week 2 End: Saturday (mm/dd/yyyy) / /

--	--	--	--

	Time		IN	AM/PM	Time		OUT	AM/PM	Total Hours		
Sun											
Mon											
Tue											
Wed											
Thu											
Fri											
Sat											

By signing below, I certify that I have provided the services to the participant during the times described on this time sheet.

Date:

--	--

 /

--	--	--	--

Employee Signature: _____

I certify that the participant has received hours of service as reported above.

Date:

--	--

 /

--	--	--	--

Participant or Responsible Party Signature: _____



12766



USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL IN CIRCLES COMPLETELY, DO NOT MARK OUTSIDE THE LINES.

